

Laconia High School

Transcript Request

Request Date: _____ YOG: _____ DOB: _____

Name: _____

Address: _____ Phone #: _____

Maiden Name: _____

Send to: _____

Address: _____

Paid: Yes or No

Please enclose \$2.00 with this completed request and drop off at:

Laconia High School – Main Office

Or mail to: Laconia High School

Attn: Main Office

345 Union Avenue

Laconia, NH 03246